

Initial Application Data Sheet

Application Information

Application Number::	Unassigned
Filing Date::	August 6, 2003
Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R::	None
Title::	AUTOMATED CONTAINER BULKING SYSTEM AND METHOD OPTIONALLY INTEGRATED WITH AUTOMATED DISPENSING SYSTEM AND/OR AUTOMATED LABELING AND PACKAGING SYSTEM
Attorney Docket Number::	103864.139US1
Request for Early Publication?::	No
Request for Non Publication?::	No
Total Drawing Sheets:	27
Small Entity?::	No
Petition Included?::	No
Secrecy Order in Parent Application?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	U.S.
Status::	Full Capacity
Given Name::	James
Middle Name::	G.
Family Name::	McErlean
City of Residence::	Allendale
State or Province of Residence::	New Jersey

Country of Residence:: U.S.
Street of mailing address:: 1 Walnut Place
City of mailing address:: Allendale
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07401

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: E.
Middle Name:: Christian
Family Name:: Hess
City of Residence:: Flanders
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 10 Carlton Road
City of mailing address:: Flanders
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07836

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Chih-Jen
Family Name:: Leu
City of Residence:: East Brunswick
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 42 Independence Drive

City of mailing address:: East Brunswick
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.
Status:: Full Capacity
Given Name:: Mark
Middle Name:: A.
Family Name:: Detri
City of Residence:: Lafayette
State or Province of Residence:: New Jersey
Country of Residence:: U.S.
Street of mailing address:: 25 Dana Drive
City of mailing address:: Lafayette
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07848

C rrespondence Information

Correspondence Customer Number:: 24395
Phone number:: 202-942-8400
Fax number:: 202-942-8484

R presentative Information

Representative Customer Number::	24395	
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date ::
This application	Continuation-in-part	10/215,249	August 9, 2002
10/215,249	Non-provisional	60/401,340	August 7, 2002

Assignment Information

Assignee Name:: Medco Health Solutions, Inc.
Street of mailing address:: 100 Parsons Pond Drive
City of mailing address:: Franklin Lakes
State or Province of mailing address:: New Jersey
Country of mailing address:: U.S.
Postal or Zip Code of mailing address:: 07417-2603